CLAI RMONT, THE			
2120 HEIGHTS DRIVE			
EAU CLAIRE 54701 Phone: (715) 832-1681		Ownership:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	150	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	206	Average Daily Census:	130
Number of Residents on 12/31/00:	136	8 9	

***********	****	***********	*****	************	******	***********	*****
$Services\ Provided\ to\ Non-Residents$	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	9) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	 %	Less Than 1 Year	48. 5 34. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 7	Under 65	7.4	More Than 4 Years	16. 9
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	27. 2 6. 6	65 - 74 75 - 84	8. 8 33. 8		100. 0
Adult Day Care Adult Day Health Care	No No	Alcohol & Other Drug Abuse	0. 0 0. 7	85 - 94 95 & 0ver	39.0 11.0	**************************************	*******
Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	2. 2	95 & Over	11.0	Full-Time Equivale Nursing Staff per 100 l	ent Resi dents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	5. 9 18. 4	65 & 0ver	100. 0 92. 6	(12/31/00)	
Transportation	No	Cerebrovascul ar	11.0			RNs	11. 4
Referral Service Other Services	No No	Di abetes Respi ratory	4. 4 4. 4	Sex	%	LPNs Nursing Assistants	8. 8
Provi de Day Programming for		Other Medical Conditions	15. 4	Male	20. 6	Ai des & Orderlies	38. 4
Mentally Ill Provide Day Programming for	No		100. 0	Female	79. 4		
Developmentally Disabled ************************************	No				100.0		*****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		0ther		P	Private Pay			Manage	ed Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 1	\$121. 19	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 7%
Skilled Care	12	100. 0	\$180. 73	$7\overline{1}$	81.6	\$103. 54	Ŏ	0. 0	\$0.00	36	100. 0	\$131.00	Ĭ		\$234.00	120^{-}	88. 2%
Intermedi ate				15	17. 2	\$85.89	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	15	11.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	12	100.0		87	100. 0		0	0.0		36	100.0		1	100.0		136	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needi ng Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 4.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Bathi ng 16. 2 40.4 43.4 136 Other Nursing Homes 3.6 Dressi ng 22.8 36. 0 41.2 136 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 30.9 33. 1 136 89.6 36. 0 27.9 36.8 136 0.0 Toilet Use 35. 3 0.3 10.3 17.6 136 Other Locations 1.6 Total Number of Admissions 309 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 2. 2 5. 1 Private Home/No Home Health 30.9 Occ/Freq. Incontinent of Bladder 25. 7 0.0 Private Home/With Home Health 21. 1 Occ/Freq. Incontinent of Bowel 27.9 0.0 Other Nursing Homes 4. 9 1. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 19.7 Mobility 0.7 Physically Restrained 14.0 0.0 39.0 0.3 Other Locations 7. 9 Skin Care Other Resident Characteristics 0.0 Deaths 15. 1 With Pressure Sores Have Advance Directives 57.4 Total Number of Discharges With Rashes 1.5 Medi cati ons Receiving Psychoactive Drugs (Including Deaths) 304 36.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary		200+		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	63. 1	82. 5	0. 76	80. 6	0. 78	84. 1	0. 75	84. 5	0. 75
Current Residents from In-County	85. 3	83. 3	1. 02	83. 1	1.03	83. 5	1. 02	77. 5	1. 10
Admissions from In-County, Still Residing	17. 8	19. 9	0. 89	26. 5	0. 67	22. 9	0. 78	21. 5	0.83
Admissions/Average Daily Census	237. 7	170. 1	1.40	107. 9	2. 20	134. 3	1. 77	124. 3	1. 91
Discharges/Average Daily Census	233. 8	170. 7	1. 37	108. 6	2. 15	135. 6	1. 72	126. 1	1.86
Discharges To Private Residence/Average Daily Census	121. 5	70. 8	1. 72	45. 4	2. 67	53. 6	2. 27	49. 9	2.44
Residents Receiving Skilled Care	89. 0	91. 2	0. 98	88. 0	1.01	90. 1	0. 99	83. 3	1.07
Residents Aged 65 and Older	92. 6	93. 7	0. 99	87. 7	1.06	92. 7	1.00	87. 7	1.06
Title 19 (Médicaid) Funded Residents	64. 0	62. 6	1. 02	70. 6	0. 91	63. 5	1. 01	69. 0	0. 93
Private Pay Funded Residents	26. 5	24. 4	1. 08	23. 8	1. 11	27. 0	0. 98	22. 6	1. 17
Developmentally Disabled Residents	3. 7	0.8	4.77	2. 9	1. 27	1. 3	2. 93	7. 6	0.48
Mentally Ill Residents	33. 8	30. 6	1. 10	46. 8	0. 72	37. 3	0. 91	33. 3	1.01
General Medical Service Residents	15. 4	19. 9	0. 78	15. 4	1.00	19. 2	0. 80	18. 4	0.84
Impaired ADL (Mean)	50 . 7	48. 6	1.04	49. 4	1. 03	49. 7	1.02	49. 4	1.03
Psychological Problems	36. 8	47. 2	0. 78	56. 4	0. 65	50. 7	0. 72	50. 1	0. 73
Nursing Care Required (Mean)	5. 6	6. 2	0. 91	7. 3	0.77	6. 4	0.87	7. 2	0. 78